to a collection	of information unless	if displays a valid OMB control num
1.136(a)	Docket Number (Optional)	
2.4818).)	45	528-0109PUS2
	Filed	August 15, 2005
	Examiner	T. D. Wessendorf
end the perio	d for filing a repl	y in the above identified
od desired a	nd enter the app	ropriate fee below):
	Small Entity	Fee
20	\$60	\$
60	\$230	\$ 460.00
50	\$525	\$
40	\$820	\$
30	\$1115	\$
·.		
es in this ap	oplication to a D	eposit Account.
vhich may b	e required, or o	redit any overpayment, to
edit card Info 38.	rmation should n	ot be included on this form.
	•	•
Number	28,977	
FR 1.34		OD # 0000
	Date	
		03) 205-8000
		phone Number
at or their repres	enlative(s) are requir	ed. Submit multiple forms if more
	end the pericod desired at a second s	1.138(a) Docket Numbe 4.6 2.4618(j) Filed Examiner and the period for filing a repl od desired and enter the app 2. Small Entity 20. \$80 50. \$23 60. \$23 60. \$1115 60. \$22 60. \$22